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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/621,689 **Application Number** FEE TRANSMITTA Filing Date July 16, 2003 For FY 2007 First Named Inventor Bruce Horn **Examiner Name** Dennis Y. Myint Applicant claims small entity status. See 37 CFR 1.27 2162 Art Unit **TOTAL AMOUNT OF PAYMENT** 100.00 Attorney Docket No. 7118-001US-RCE METHOD OF PAYMENT (check all that apply) Check Credit Card ■Money Order \_None ↓ Other (please identify): Deposit Account Deposit Account Number: 04-1699 Deposit Account Name: Jacques M. Dulin, Esq. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 NA Design 200 100 100 50 130 65 NA NA 200 Plant 100 300 160 150 80 Reissue 300 N 150 500 250 600 300 200 Provisional 100 0 0 NA n 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) \_ - 20 or HP = NA. Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. NA NA Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) 4 - 3 or HP = 1 x 100 100 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets** - 100 = / 50 = (round up to a whole number) x NA 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) NA

SUBMITTED BY		Α		
Signature	~	racques al outri	Registration No. (Attorney/Agent) 24,067	Telephone 360-681-7305
Name (Print/Type) Jacques M. Dulin, Esq.			Date April 9, 2007	

Other (e.g., late filing surcharge):

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.